

# Neighbourhood Pharmacy Gazette

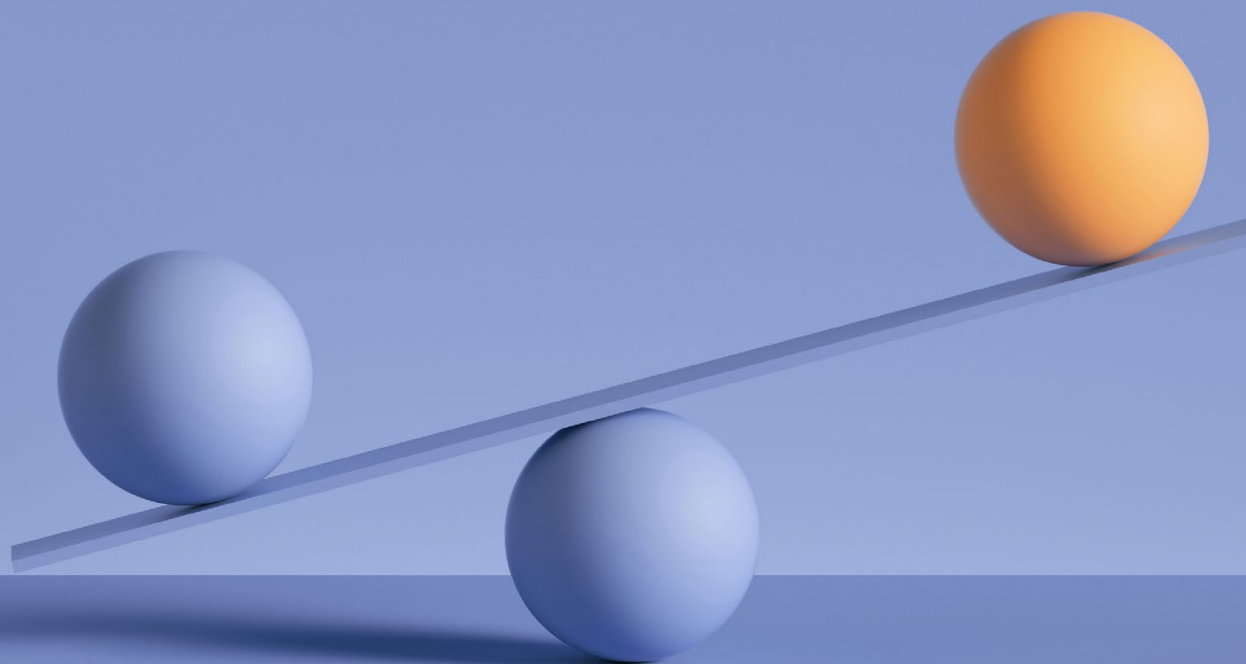
SPRING 2025

 **INSIGHTS. ADVOCACY. HEALTHIER CANADIANS.**

A publication of the Neighbourhood Pharmacy Association of Canada

## Quest for balance

PATIENTS AND PHARMACISTS WEIGH IN ON  
INVESTING IN THE VALUE OF PHARMACY SERVICES



ALSO IN THIS ISSUE:

Taking pharmaceuticals  
off the tariff table

Cool technology tools  
for next-level care



Neighbourhood Pharmacy Gazette is published four times a year by the Neighbourhood Pharmacy Association of Canada.

1205-3230 Yonge St.,  
Toronto, ON M4N 3P6. 416-226-9100.  
info@neighbourhoodpharmacies.ca

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**EXECUTIVE EDITOR**  
Shelita Dattani

**CONSULTING EDITORS**  
Alison Kraayvanger, Heather Mohr

**MANAGING EDITOR**  
Karen Welds

**ART DIRECTOR**  
Shawn Samson

**CONTRIBUTORS**  
Shelita Dattani, Sheena Deane,  
Karl Frank, Sandra Hanna,  
Rosalind Stefanac, Karen Welds

**ADVERTISING**  
Tracy Cutts  
tcutts@neighbourhoodpharmacies.ca

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MESSAGE FROM THE CEO

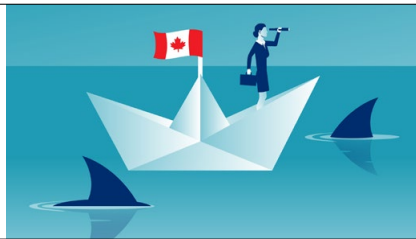
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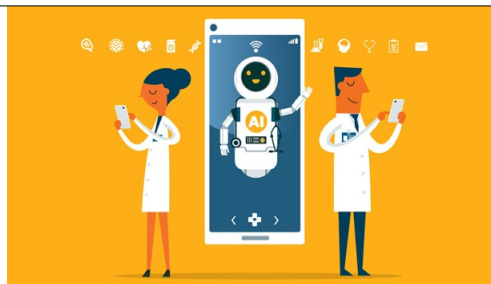


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# The value of everybody knowing your name

**We all know that relationships are key for happiness.** We need to do more about recognizing they're key for good health as well.

The patients interviewed in this issue's cover story bring back fond memories of the many relationships—friendships—I enjoyed while working full-time as a community pharmacist. While medication management underpinned our interactions, over time our conversations would expand to other healthcare matters, questions or concerns, what's happening in the neighbourhood and our families.

These “extra” connections would take a few minutes, or mere seconds for a quick wave. Add them up over the months and years—keeping in mind that people visit their pharmacy up to 10 times more often than any other healthcare setting—and the resulting relationship is invaluable within the context of healthcare.

Take a moment to fully appreciate how these words from Sue and Linda in the cover story help convey the strength of these relationships: “I feel totally comfortable.” “People I know and trust.” “A real calming effect.” “The pharmacy is always there.”

Community pharmacy's proximity, hours of operation, team environment and neighbourhood connection enable longitudinal relationships that are unmatched in the healthcare system. The past decade has clearly demonstrated that the value of community pharmacy lies not only in delivering primary care and public health services,

but also lies in providing *a type of care that Canadians are not getting elsewhere.*

Neighbourhood Pharmacies is more committed and better prepared than ever to educate governments about community pharmacy's unique and largely untapped role as health hubs, anchored by exceptional longitudinal relationships. Community pharmacy can provide that vital missing piece for fully functional patient-centred healthcare versus today's embattled system, which is more about “sick care” than healthcare.

Leveraging community pharmacy to prevent and help patients manage chronic disease—through better health education and the earlier detection of disease and disease progression—will generate significant savings to the system. However, a framework and funding need to be in place to recognize the value of these interactions in community pharmacy, even when products are not dispensed.

Our new five-year strategic plan, *Prescription for Success*, deliberately takes a 20-year view. Such futureforward thinking is essential both to guide the pharmacy sector and ignite decision-makers' imaginations about pharmacy's untapped value. Bold visions inspire concrete actions.

The North Star of Neighbourhood Pharmacies' strategic plan is the integration of innovative pharmacy business models into the healthcare system. Only then will our common North Star—that of trusting, productive relationships between patients, pharmacy teams and all healthcare providers—truly shine bright. 🌈



**Sandra Hanna,  
RPh, LLM, ICD.D**

CEO

Neighbourhood Pharmacy  
Association of Canada

☎ 416-226-9100

✉ info@neighbourhoodpharmacies.ca

✉ @pharmacy\_CAN

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“  
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”

# Quest for balance

Patients and pharmacists  
weigh in on investing in the  
value of pharmacy services



## “Love” is not too strong a word.

I’ve been writing about community pharmacy for more than 30 years, and during the past decade I’ve been trying to hear from more patients. To tell their stories. Who better to attest to the importance of the pharmacy team in their health journey?

Almost without fail, I get goosebumps when I learn about the difference their pharmacy makes. Some of these patients have been traumatized by health issues or by events that subsequently affected their health. All of them, including the two interviewed for this article, describe their pharmacy team—and the words “pharmacy team” are intentional, as many speak

highly of the whole team, not just one individual—as a reliable, reassuring presence in their lives, in ways that go beyond medication management.

“They know me. They understand me and can support me. That has a real calming effect,” says Sue Languedoc, a loyal customer of the FreshCo Pharmacy (formerly a Safeway Pharmacy) in St. Albert, Alberta, for more than 20 years.

Without exception, patients emphasize the value of being able to get expert advice on the same day, if not within minutes. “If I have questions, if I’m feeling a little bit of anxiety about something, I know they’re there,” says Languedoc.

Echoes Linda Chilton in Oakville, Ontario, about her team at Total Health Pharmacy: “Anytime I need help, or I have a question, I call or go in. I feel totally comfortable doing that.”

As the monthly and sometimes weekly visits and calls build over time, the chats inevitably go beyond health matters. Langduoc, Chilton and other patients over the years tell me about how they can laugh, talk about family, share confidences and occasionally shed a tear at their pharmacy. Love, indeed, is not too strong a word.

“I trust them,” says Languedoc simply.

### The pharmacy conundrum

Elected officials, too, are recognizing that community pharmacy’s uniquely accessible environment—both geographically and as a readily accepted safe space—is still a largely untapped care channel to prevent

Canadians from slipping through the cracks of an overburdened and under-resourced public healthcare system.

Too many are already slipping through the cracks. The 2022 [OurCare](#) survey (funded in part by Health Canada) found that 22 per cent of Canadians do not have a family doctor or nurse practitioner they can see regularly for care. That’s more than nine million Canadians today.

Health Canada’s analysis of supply and demand for healthcare services, published in its January 2025 report, [Caring for Canadians](#), found that the country currently needs almost 23,000 more family physicians, 28,000 more registered nurses and 14,000 more licenced practical nurses. It also noted that other health professionals, including pharmacists, “can be important contributors to primary care.”

As detailed in the [Gazette’s Winter 2024 edition](#),

“I feel totally comfortable.”

## “People I know and trust are there”

**Recently retired, Sue Languedoc can look back at her career with pride.** In 1992 the social worker co-founded a family violence program in Edmonton, Alberta. It continues to change—and often save—the lives of everyone who walks through the door.

But the job took its toll. “It was very stressful,” says Languedoc. Her health was another source of stress due to multiple surgeries, asthma, high blood pressure and high cholesterol. As someone with years of training in trauma, she began to recognize the effects of trauma in herself. “I’m hypersensitive about anything to do with my health. For instance, my body can get into a panic if I see that red line on my inhaler.”

The pharmacy team at the local FreshCo Pharmacy has become like a second family. For more than 20 years, Languedoc is in the pharmacy at least once a month to pick up medications, buy other products or simply say hello to the pharmacists (Jennifer Warwaruk, Ariane Field and Ramona Casavant), pharmacy technicians (Tammy Hanke, Chelsea McNalley and Chitran Rathva) or assis-

tants (Brett Palmer, Zalak Bhatt and Analyn Flores).

“I feel really comfortable with all of them. I like to tease Brett in particular, everybody gets a kick out of it,” she says with a laugh.

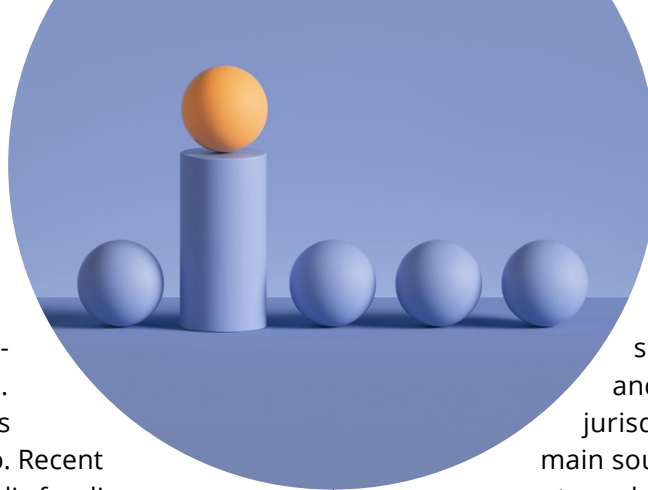


Sue Languedoc

The result is a sense of belonging difficult to find elsewhere in the healthcare system. “You know, my doctor is good. He listens. But it’s really important to me that I can go somewhere whenever I need to. The pharmacy is always there. People I know and trust are there,” says Languedoc. “That has a real calming effect for me.”

For example, Languedoc recently met with one of the pharmacists to talk about the refilling of her inhaler. “Jennifer explained how long it should last me based on the number of times I use it. All of a sudden it made sense to me that seeing that red line getting close to the bottom doesn’t mean I may suffocate the next time I use the inhaler. She really helped the logical part of my brain understand that. Later I went back and I thanked her again, because that conversation really helped settle me down.”

virtually all provinces and territories have steadily expanded scopes of practice for pharmacists and other non-physician healthcare providers. In pharmacy's case, expansions began more than a decade ago. Recent years have also seen more public funding to reimburse pharmacies for the new authorized services in primary care and public health, and claims data validate the readiness of both pharmacists and



patients to provide or receive those services. However, funding for services is far from universal and varies widely across jurisdictions. Moreover, pharmacy's main sources of public funding to operate and provide services—i.e., the dispensing fee and a markup based on the drug price—have been stagnant or even declined in most jurisdictions over the past decade.

## “Always okay to call any time”

**The diagnosis of lupus at age 35 was “devastating,” recalls Linda Chilton of Oakville, Ontario.** Forced to retire from her vocation as a dental hygienist, it took years to find a treatment regimen to reduce the symptoms of severe joint pain, inflamed skin and hair loss.

Intravenous drugs that cost more than \$100,000 a year did not work. Then Chilton's rheumatologist came across a drug that was compounded by a pharmacy in Toronto. Deliveries of the medication to her pharmacy, Total Health Pharmacy, went smoothly for several years until Chilton got the news that the drug could no longer be compounded due to a shortage of one of the ingredients.

“I was in a panic. I phoned Christine right away. She said, ‘You leave this with me, we’re going to find something that works for you.’ And she did,” says Chilton.

“Christine” is Christine Kamel, owner of the Total Health Pharmacy. Within days she located another pharmacy that could compound and ship the drug.

When ingredient shortages finally put an end to the compounded drug several years later, Kamel worked with Chilton and her rheumatologist to ensure a smooth transition to her current medication. “I’ve been in remission for two years now,” reports Chilton.

Kamel and her pharmacy team also supported Chilton in establishing a comprehensive treatment regimen that includes non-prescription drugs and vitamins. “They prepare everything every month in a blister pack. It’s wonderful.”



Linda Chilton

And then there was the time, last fall, when “Christine may have saved my life,” says Chilton.

After taking an antibiotic for an infected rash due to poison oak, Chilton began vomiting. She wasn’t sure she should continue taking the antibiotic—she left a message with her doctor and called Kamel, who advised her to go immediately to a walk-in clinic or the emergency department. Chilton got a prescription at the walk-in and was on the phone with Kamel as she drove to the pharmacy.

“I told her I was still feeling so sick. She said, ‘Call when you’re here and I will come out to you.’ I got there, she took one look at me and said I could be going into anaphylactic shock. She said the new medication wouldn’t help, that I needed prednisone, right now,” recalls Chilton.

Within minutes, Kamel had secured a prescription for prednisone. “She gave me a box of Gravol as well. Two hours later she phoned me at home. And thank God, I felt much better.”

The experience solidified her faith in pharmacy. “I know it’s always okay to call anytime,” says Chilton. She also knows that if Kamel is not available, she’s still in good hands. “All of the pharmacists are great, and the pharmacy assistants have been there for as long as I can remember. They’re all fantastic.”

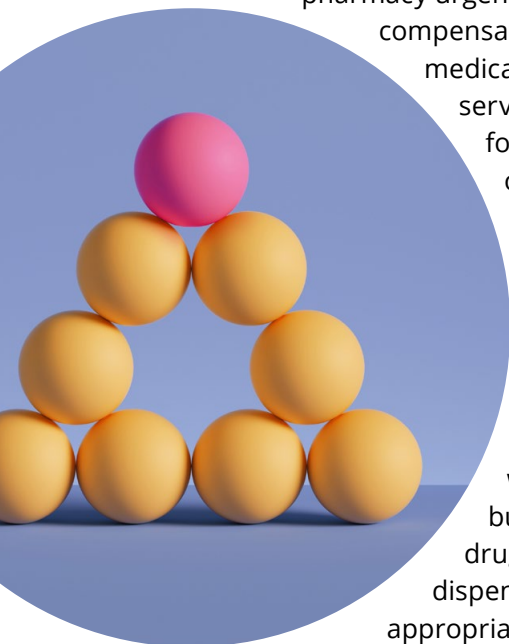
On that note, the *Gazette* is pleased to recognize Kamel’s team: staff pharmacist Genylene Santos, pharmacy assistants Vilma Canete, Sheila Altura and Memi Mathews, and frontstore manager Ann Traynor.

The coming Canada Health Act Services Policy will help level the playing field. Announced by federal Health Minister Mark Holland in January 2025 and scheduled to take effect on April 1, 2026, the policy clarifies that medically necessary services “should be covered by a patient’s provincial or territorial health care plan whether the service is provided by a physician or a physician-equivalent.”

“The source and the model of funding for services should align better across healthcare providers.”

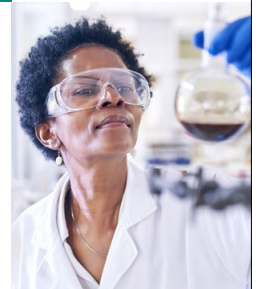
While the clarification to the Canada Health Act is welcome—and long overdue—the road to implementation within each province and territory is far from clear. And highly unlikely by April 2026, predicts Shelita Dattani, Senior Vice President, Pharmacy Affairs and Strategic Engagement, Neighbourhood Pharmacy Association of Canada. “Funding commitments are the jurisdiction of the provinces and territories. It will take extensive consultation with healthcare providers and economists to determine the best way forward,” she explains.

Indeed, Neighbourhood Pharmacies is advising governments to take a stepwise approach. “While pharmacy urgently requires fair compensation for providing medically necessary services, we’re advocating for the modernization of our funding model across jurisdictions,” says Dattani. “We need to begin dialogue about where pharmacy services should be funded and whether the drug plan budget, which pays for drugs, markups and the dispensing fee, is the most appropriate place,” continues



# We believe that when you put people first, results follow

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Dattani. “The source and the model of funding for services should align better across healthcare providers.”

Increased awareness is an important stepping stone. For example, Neighbourhood Pharmacies’ first Pharmacies on the Hill Day in November 2024 connected 25 member-representatives with more than 20 elected officials, senators or senior staff at Parliament Hill (see sidebar, [page 11](#)).

“I was struck by how little they know about how we’re reimbursed,” recalls Christine Kamel, owner of Total

Health Pharmacy, part of the OnPharm-United network of independent pharmacies. “They were surprised to learn that it’s not a blanket fee-for-service kind of model, similar to physicians.”

This disconnect contributes to an increasingly difficult position for community pharmacy, caught between the opportunity to do more for patients and the reality of operational sustainability.

“Governments are publicly championing pharmacy as part of the solution for primary care but often that’s not supported by an appropriate funding model,” says

## Specialty pharmacy’s unique place

**Calum’s mother was diagnosed with Fabry disease over 46 years ago.** A rare genetic disorder, Fabry disease prevents the body from breaking down fats. The fats build up in blood vessels and body tissue, causing pain, fatigue and difficulty walking, among other symptoms. Long-term complications include heart problems, nerve damage, stroke and kidney failure.

For many years, treatments did not exist for Fabry disease, and the focus was pain management. Then in 2006, in her late 30s, Calum’s mother began enzyme replacement therapy (ERT) that required intravenous infusions, administered in the comfort of her home. She also began therapy for another complex condition, rheumatoid arthritis.

The home deliveries of the ERT, which required special storage and shipping requirements, required careful coordination. Calum recalls the relief his mother felt upon learning that the specialty pharmacy would continue to deliver to the family cottage, as well as coordinate infusion services with a local nurse. “It meant that the treatment didn’t hold us back from enjoying our summers at the cottage,” he says.

After 12 years, Calum’s mother discontinued the ERT after coming to terms with her disease progression and expressing to her family the desire to avoid further IV procedures and prioritize comfort in her care. She continues to take medications for her heart, arthritis and pain.

The complexity of her care—not to mention securing reimbursement from private and public drug plans—

would have been overwhelming had it not been for the patient support program linked to each of the specialty medications as well as the specialty pharmacy team, stresses Calum.

“The case manager of the support program connected the dots between the specialists, the family doctor and the specialty pharmacy. And the pharmacy dedicated their time to ensure every health- or drug- related question was answered. Which ultimately made us comfortable knowing she was in good hands,” explains Calum.

The specialty pharmacy also helped advocate. “My mom sometimes felt that she might not have the right words or the right way to explain how she’s feeling or what she needs from her doctors. Having the pharmacy and the patient support program to back her up for those conversations was a huge help,” says Calum.

### Next-level pharmacy care

No case is too complex for specialty pharmacy, says Nina Gorgani, Senior Manager, Specialty Pharmacy Consultant, at Cencora Innomar. In fact, the specialty pharmacy format emerged in response to ground-breaking treatments for serious, complex and often rare diseases. Those treatments come with complex requirements, be it in storage, delivery, administration, medication management, monitoring and/or reimbursement navigation.

*Sidebar continued on next page*



Dattani. "Behind closed doors, when faced with setting budgets, too often they continue to see pharmacy as a cost rather than an area worthy of more investment."

### From the ground up

Increased advocacy from the grassroots is key to change mindsets and shift political will. "It can't just be the organizations like Neighbourhood Pharmacies raising awareness and presenting solutions; it takes a village. The stories of frontline pharmacy teams

and their patients resonate more strongly with elected leaders," says Dattani.

The Pharmacies on the Hill Day was informative for all parties, and additional networking opportunities are in the works. Neighbourhood Pharmacies is also working with members to bolster efforts to provide effective community-based advocacy resources to pharmacy teams.

Brittany Zelmer, Manager of Professional Affairs, Pharmacy, Sobeys Inc., participated in Pharmacies

### Specialty pharmacy - continued from previous page

"Patients are often very overwhelmed by their diagnosis or the progression of their disease. Hearing about the complex pathway to treatment overwhelms them even more," says Gorgani.

Specialty pharmacies are equipped to take on the complexities so that patients can focus on getting better. "We're trained on these medications and the disease states. We're always available to answer any questions throughout their treatment journey," says Gorgani.

Behavioural science certainly factors in. "Some patients want to get as much information as possible right away. Some want to learn little by little. And some don't want to talk at all. Not right away," explains Gorgani. "We take whatever time is needed to build a relationship based on personality and preferences. That relationship can make all the difference in treatment success."

Specialty pharmacies' adoption of advanced technologies to address logistics, document care, coordinate with other providers and improve efficiencies can also serve as a guide for governments and other stakeholders. "We're open to work with everyone," says Gorgani.

However, due to a variety of factors, the sustainability of specialty pharmacy services is increasingly under pressure. Many dispensing fees have remained unchanged for more than a decade, while reductions in allowable product markups have further constrained resources.

"Policy decisions have an impact on patient care and our work extends beyond providing specialty pharmacy services," says Gorgani. "We are advocating for collaboration with policy makers to integrate specialty pharmacy into broader healthcare strategies, recognizing our role in enhancing patient care and reducing burdens on public healthcare systems."

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on the Hill Day and would likely describe herself as an advocate for advocacy. In fact, advocacy training for pharmacy students would be at the top of her wish list.

Zelmer's personal 'aha' moment occurred while still a full-time community pharmacist. After participating in several studies that demonstrated the value of pharmacists' interventions, she realized that was not enough. She also needed to help spread the word. "I realized that I really wanted to get involved to help shape the future of pharmacy and policy decisions by government," says Zelmer. "The best path to achieve that is to work collaboratively."

She began by joining the Leadership Cohort of the Alberta Pharmacists' Association (RxA), launched just before the pandemic, which trains pharmacists

to become local advocates and establish relationships with elected officials. She then joined the RxA Board and is currently serving as President. Numerous calls and meetings with elected officials later, Zelmer still

firmly believes that grassroots advocacy makes positive change possible. "We are making headway. When I talk with MLAs [Members of the Legislative Assembly] today they're now much more likely to be aware of the training pharmacists have, the expertise they offer, and the scope of what pharmacists can do."

While such a gain may appear too little, too late considering the Alberta government's cuts to funding for services in November 2024, advocacy is a marathon, not a sprint. "Budgetary pressures are



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a difficult reality; however, pharmacy fits into all four pillars of Alberta's restructured healthcare system and we continue to advocate to be positioned accordingly," says Zelmer.

At Total Health Pharmacy, Kamel began to advocate on the political stage after the introduction of national pharmacare legislation in early 2024. She used materials produced by Neighbourhood Pharmacies to

## Raising awareness on Parliament Hill

**During the inaugural Pharmacies on the Hill Day in November 2024**, 25 representatives of Neighbourhood Pharmacies' Members met with more than 20 elected federal leaders, Senators or senior staff.

Neighbourhood Pharmacies' Members and staff focussed on three calls to action:

- Include pharmacy in policy planning for programs involving medications or healthcare services.
- Consider the impact of national policies on the pharmacy sector, including reduced access to pharmacy services.
- Advance the role of pharmacy teams as community health hubs delivering services in primary care and public health.



Pharmacare was a frequent topic of conversation. "We raised awareness of the unintended consequences of pharmacare, that it will have a negative downstream impact on pharmacy funding, which in turn jeopardizes pharmacy's ability to provide core services," says Shelita Dattani, Senior Vice President, Pharmacy Affairs and Strategic Engagement, Neighbourhood Pharmacies.

Requests for follow-up information or meetings revolved around the topics of pharmacare, drug spending, drug shortages, e-prescribing, vaccine hesitancy, diabetes and mental health.

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set up constructive conversations with her two nearest federal Members of Parliament. And her participation in the Pharmacies on the Hill event confirmed her belief that meeting one-on-one with elected officials is valuable education for both parties.

### Stronger together

Kamel is also a firm believer that advocacy needs to happen within a pharmacy's four walls—and between pharmacies.

"I share with my staff what I'm doing politically. And I try to give them the tools and the confidence to speak to patients and other healthcare professionals about our services in a way that advocates their value," says Kamel.

Kamel's perspective as a pharmacy owner has also

changed in response to the sector's political and economic challenges. While competition is part and parcel of any retail business, for the past several years she's been meeting regularly with other pharmacy owners and managers in her area

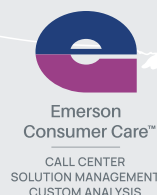
"to build a sense of community and develop a camaraderie that is separate from what we do to be competitive," she explains.

They may share tips to reduce administrative work or swap opinions about the latest announcements from governments. "Having

the attitude that we can help each other, that we can be on the same page, is so important. If we're constantly just competing, we're not going to be

**“Having the attitude that we can help each other, that we can be on the same page, is so important. If we're constantly just competing, we're not going to be heard when it matters most.”**

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heard when it matters most," says Kamel.

The benefits of such a business community contributed to her decision to join OnPharm-United in 2021. "I love the fact that we are able to band together as independent pharmacy," says Kamel.

And the fact that OnPharm-United is a member of Neighbourhood Pharmacies, which represents the business of community pharmacy in all its formats, completes the picture. "Each layer of collaboration makes our voice louder," says Kamel.

From national pharmacare to a national strategy for drugs for rare diseases, from boosting vaccination rates to contributing to integrated healthcare-provider

roles in primary care, community pharmacy is earning more seats at tables.

**“Our members are committed to a collective, objective voice to bridge gaps in understanding within governments and between governments.”**

“Our members are committed to a collective, objective voice to bridge gaps in understanding within governments and between governments,” says Dattani. “And we believe strongly that we are bringing forward the voice of patients as well.

They know our value. Investing in pharmacy services improves care. It’s as simple as that.” 🌈



*Karen Welds is a healthcare journalist and has written about community pharmacy for more than 30 years.*

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# Leveraging crisis into opportunity

## The extent of political upheaval these past few months defies belief at times.

The tariffs of American President Donald Trump are foremost on our minds, yet a snap spring election demands equal attention—especially since the gap in polling results is closing between the two main contenders, the Conservatives and the Liberals. Six months ago, pundits would have bet on a majority Conservative federal government in 2025; today, all bets are off.

Regardless of which party is elected, trade reform is sure to remain on the agenda. Neighbourhood Pharmacies is leaning into that dialogue by supporting the elimination of jurisdictional barriers in workforce, technology, automation and innovation in healthcare. We have long advocated for the removal of such barriers to enable the pharmacy sector to demonstrate its full value to the healthcare system, and to increase resiliency and effectiveness throughout the system.

## Our tariff response

Trump has stated his intent to impose tariffs of at least 25 per cent on pharmaceuticals, with details to come in early April, despite the fact this would violate the [World Trade Organization's](#) agreement prohibiting tariffs on pharmaceutical products and their ingredients.

Neighbourhood Pharmacies participated in a federal government roundtable discussion in February to help scope out the tariffs' impact on healthcare products and services.

Our overarching call to action is the exclusion of pharmaceuticals, including active pharmaceutical ingredients and over-the-counter medications, from any tariff or retaliatory measure. Failing that, in our follow-up [written communication](#) to numerous federal ministries, including the Ministry of Health, Ministry of Finance and Ministry of Innovation, Science, and Industry, we encapsulated our four main concerns:



1. Canadian-imposed tariffs on pharmaceuticals would pose an immediate threat to patients and public health in Canada due to increased drug shortages, interrupting continuity of care.
2. Tariffs may trigger panic buying and hoarding. As we witnessed during the COVID-19 pandemic, this behaviour can cause the very supply-chain disruptions that Canadians fear. Proactive communication strategies will be essential, in collaboration with frontline pharmacy teams who are often left managing these disruptions.
3. Tariffs' resulting cost pressures could have downstream impacts on provincial pharmacy budgets. Reduced public funding risks compromising pharmacies' ability to deliver services in medication management, primary care and public health, all of which Canadians increasingly rely upon.
4. Tariffs on ancillary supplies necessary for medication packaging, such as plastics, vials, and labels, will increase pharmacies' operating costs. The compounding effect of these rising costs threatens pharmacy operations, job security and patients' access to medications.

### Our election position

Neighbourhood Pharmacies has developed a federal election toolkit to help our Members and their front-line pharmacy teams educate incumbent and future Members of Parliament on the vital role of pharmacies to protect and improve access to healthcare.

The three priority areas are:

1. Improve access to healthcare services by drawing upon community pharmacy's capacity to serve as convenient, trusted community health hubs. The federal government can help break down barriers in regulation and innovation, and stop drug-pricing policies that cut funding to pharmacies.
2. Protect Canada's medication supply chain by equipping pharmacy teams to mitigate the impact of shortages through therapeutic substitution and funding, and leveraging their trusted relationship to educate and calm patients.
3. Increase the viability of Canada's pharmacies, which are a lifeline for many Canadians, especially those

with limited or no access to a family physician. A modernized, sustainable funding model for clinical services and operations is overdue.

Without doubt, these are challenging times for Canada. Whether or not Trump's tariffs on pharmaceuticals proceed, he has galvanized united actions by provincial, territorial and federal leaders. Here in Canada, the dismantling of jurisdictional barriers will certainly proceed as part of efforts to create a more resilient economy. Neighbourhood Pharmacies will open this door wide, leveraging the crisis into opportunities that have great potential for the pharmacy sector. 🌈



*Shelita Dattani is Senior Vice-President, Pharmacy Affairs and Strategic Engagement, at Neighbourhood Pharmacies.*

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# Evolving to meet patients' needs

A conversation with Billy Cheung of Pharmasave Drugs (National), member of Neighbourhood Pharmacies



**Billy Cheung, B.Sc. Phm.**

Senior Director,  
Pharmacy Services

**PHARMASAVE**

**FULL COMPANY NAME**  
Pharmasave Drugs  
(National) Ltd.

**ESTABLISHED**  
1981

**PHARMACY LOCATIONS**  
Almost 900 stores  
in 9 provinces and  
1 territory

## What is Pharmasave's #1 priority?

To support our members in being successful independent community pharmacy owners. We offer 20+ programs and initiatives that respond to every aspect of running an independent community pharmacy, be it specific programs for patient care, for example in minor ailments, to technology and marketing support. We are also developing a five-year strategic plan which actively involved feedback and engagement from our national and regional teams and our owners across Canada. I can't share too much yet, but this plan will really focus on patient care, innovation and future-proofing the brand to succeed in the long term.

## How are you moving towards more patient-centred care?

In most cases, our members live and work in the communities they serve so having close ties with patients and their families has always been part of the care model. We are also evolving how our pharmacies meet the needs of patients taking specialty medications. We've identified opportunities for community pharmacies to address gaps within the current system. We're testing a program for our members to be able to take those next steps to support those on specialty medications in the community, which includes tools and resources to help build connections with physicians and patients. We're excited to launch something we think is unique in the independent pharmacy space and plan to expand the program across our membership this spring and summer.

## Looking to 2030, what is your vision for community pharmacy?

We know that the demand for pharmacy care will continue to grow and the pharmacy as a healthcare hub will keep evolving. We're already seeing it with pharmacies stepping up to assess minor ailments and provide vaccinations in the community setting. But I think pharmacy services and dispensing operations will need to evolve further as separate aspects within this hub, and technology will play a bigger role. Patients expect to connect and receive care in the way they want. The human touch will always remain important, and pharmacies will need to use technology as an enabler to support patient care.

## What drives you to advance the profession?

I've always known that pharmacists can do more. They are in hospitals and community settings, and we're also seeing them make their mark in government, industry and technology sectors. I like being involved in the big picture when it comes to embracing opportunities and overcoming challenges. I know pharmacy can affect real change.

## Why is Pharmasave part of Neighbourhood Pharmacies?

When dealing with challenges and opportunities, our businesses and our profession are stronger when we are united. Neighbourhood Pharmacies has established relationships with government and other key stakeholders to speak on our behalf and advocate on aligned business issues and opportunities. 🌈

# Biosimilars assert market dominance

**Mission accomplished for provincial and territorial biosimilar switching policies:** biosimilar biologics have surpassed originator biologics in both prescription volume and dollars in Canada.

In fact, biosimilars and originator biologics switched places just over a year ago in both volume and sales, states the latest edition of Neighbourhood Pharmacies' Pharmacy Market Insights report, released in October 2024 and powered by IQVIA Canada. The report's analysis began in January 2020 and tracks 15 originator biologics and their biosimilar options.

As of August 2024, biosimilars accounted for 55 per cent of prescription volume and 56 per cent of sales. Contrast this with September 2020, when biosimilars' shares were 12 per cent and 11 per cent, respectively.

Put into numbers, prescriptions for biosimilars grew from 53,000 in September 2020 to 277,000 in August 2024. Dollar sales rose from \$33 million to \$148 million. Originator biologics saw their volume decline from 379,000 prescriptions in September 2020 to 227,000 in August 2024, and sales dropped by 58 per cent, from \$271 million to \$115 million.

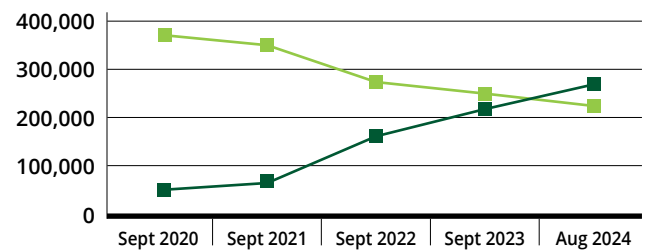
Provincial and territorial biosimilar switching policies are responsible for biosimilars' rise to market dominance. B.C. took the lead in May 2019 and by August 2024 all provinces and two of the three territories (except Nunavut) had put in place a policy that required public-plan beneficiaries to switch to a biosimilar to continue receiving coverage.

Has biosimilars' ascension also resulted in savings while improving access to these medications for Canadians?

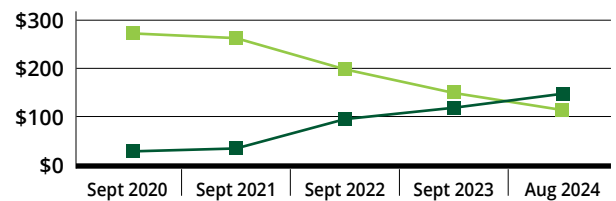
## Breakdown of originator biologics and biosimilars

■ Originator biologics ■ Biosimilars

### By prescription volume



### By prescription dollars (millions)



Source: IQVIA Rx Premium for 15 originator biologics and their biosimilars, September 2020 to August 2024

The numbers appear to respond with a “yes.” Total prescription dollars for the 15 originator biologics and their biosimilars declined 14 per cent, from \$304 million in September 2020 to \$263 million in August 2024, while volume grew 17 per cent to reach 504,000 prescriptions. The inverse relationship between dollars and volume reflects biosimilars' lower price points and subsequent savings to payors, even as utilization climbs. 🌈

## Understanding the pharmacy landscape

*Pharmacy Market Insights* is a sector-intelligence resource customized exclusively for Neighbourhood Pharmacies' Members and Partners. Powered by IQVIA Canada, this biannual report looks at prescription and pharmaceutical trends, broken down by region and class of pharmacy. Trends in classes of drugs, conditions and patients' age are explored, as well as the impact of biosimilar drugs. For more information contact [info@neighbourhoodpharmacies.ca](mailto:info@neighbourhoodpharmacies.ca)

# A path toward modernized funding

**As community pharmacy navigates an unprecedented time of transformation, concerns over sustainability grow.** The current, decades-old funding model, which relies heavily on dispensing fees and drug-price markups, does not reflect the growing complexity and value of pharmacy services, particularly for patients taking specialty medications.

In November 2024 the Neighbourhood Pharmacy Association of Canada hosted an invitation-only roundtable discussion on modernized funding models. Participants were drawn from Neighbourhood Pharmacies' Member pharmacy organizations and Partners, who had just attended the Association's annual Specialty Pharmacy Summit.

A primary concern voiced by participants is the erosion of the current funding model due to price compression, policy changes and fees that have not increased in a decade or more, nor indexed to keep pace with inflation. Limitations in patients' choice of pharmacy is another key obstacle. Roundtable participants also underscored the disproportionate effort required to provide specialized pharmacy services for patients taking complex specialty medications.

## Exploring modernized models

The roundtable examined several potential funding approaches, each with advantages and challenges:

- **Fee-for-service by therapeutic class:** Compensation is based on the quantity of services rendered, with different fees applied to different therapeutic classes. While offering standardization across different medications, the model may not align well with jurisdictional healthcare budgets and programs.
- **Capitation:** Pharmacies receive a fixed per-patient payment, which could improve financial predictability. However, concerns were raised about its applicability to specialty medications and the risk of underfunding complex cases.
- **Pay-for-performance:** This model incentivizes



pharmacies to enhance patient care by linking reimbursement to pharmacy performance measures (not patient outcomes). However, the administrative burden and difficulty in measuring outcomes pose challenges.

- **Outcomes-based:** Pharmacies are responsible for the health outcomes of specific groups of patients; this is a value-based payment system that depends on patients' risk scores. However, defining measurable outcomes and securing stakeholder alignment between healthcare providers remain hurdles.
- **Fee-for-service by drug requirements:** Compensation reflects the additional monitoring and care associated with certain medications (e.g., continuous therapeutic monitoring). While it offers a structured approach, concerns remain about administrative workload and patient experience.

## Moving forward

While no single funding model is likely the solution, the discussion identified promising areas for further investigation. More importantly, participants agreed on the need for a unified pharmacy sector to advocate for equitable and sustainable remuneration and reimbursement. Roundtable participants expressed their commitment to continuing the dialogue.

Neighbourhood Pharmacies, through the direction of its Board, will refine this dialogue to develop a roadmap towards a modernized funding framework that strengthens pharmacy sustainability to benefit patients, pharmacy teams, and the healthcare system. 🌱

# Cool tools for next-level care

## Innovation and technology are key to enable pharmacy teams to practice to their full scope—as well as meet patients' expectations in a digital age.

The *Gazette* profiles four innovators that are breaking new frontiers in pharmacy practice.

### AI makes room for care

With a global shortfall of healthcare resources and expanded scope putting increasing pressure on pharmacists to do more on the clinical front, technology is critical in helping to prevent burnout, says Eunice Wu, co-founder and CEO of Toronto-based Asepha.

"In terms of pharmacy workflow, dispensing really shouldn't be taking up as much time as it does," states Wu.

Her own experience as a frontline pharmacist—spending 90 per cent of her time doing manual tasks that could have been done by someone without her level of training—inspired her to start Asepha, which offers software tools driven by artificial intelligence (AI). Developed by pharmacists, these tools help with research, filling forms and data entry so pharmacists can take more time for patient-facing clinical care.

For example, Asepha tools can read prescriptions (even handwritten) to extract and check information needed to accurately dispense the medication, in a matter of seconds. They can flag potential drug therapy problems in real time during medication reviews and automate documentation. The AI tools also integrate with the existing pharmacy management system (PMS) to minimize disruption and learning curves in adopting the technology.

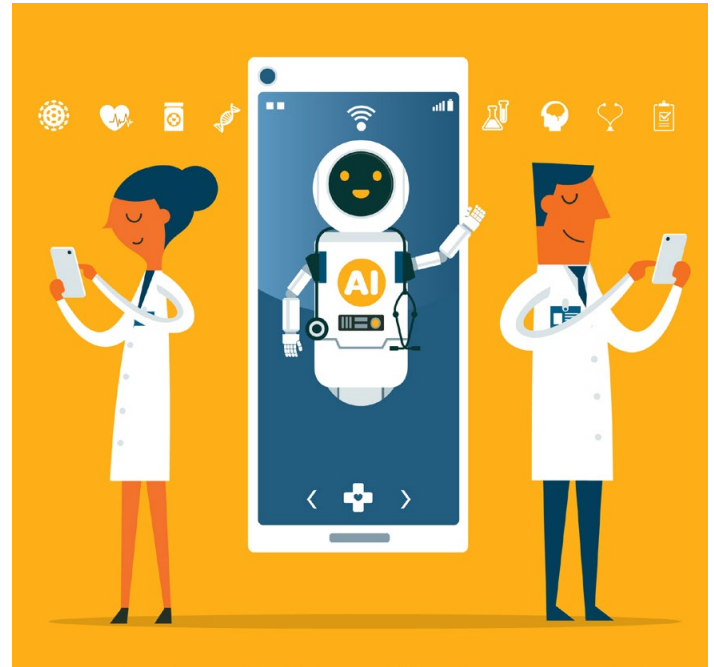
"For pharmacy deserts in rural areas, technologies like ours will enable better distribution of pharmacy services," says Wu.

While the Asepha tools are typically used by larger enterprise pharmacies at this point, some independent pharmacies are using them through third-party software providers.

"I genuinely see pharmacists taking on more primary care roles and physicians becoming more specialized," says Wu. "Our technology is like having a personal assistant in the pharmacist's pocket at all times."



**Eunice Wu**  
ASEPHA



As AI becomes more prevalent in health care, training is essential for optimal results. "It's not something that is typically taught in pharmacy school. We're hoping to work with universities to create courses on AI tools in pharmacy so that new pharmacists are better able to evaluate what is safe and not safe and what's the most efficient way to use AI," says Wu.

### Specialty care connections

Auxita's digital platform was initially developed to help primary care physicians access and visualize key data in their electronic medical records (e.g., clinical guidelines) and other information on chronic and rare conditions. With the rise of biologics and biosimilars, the software evolved to connect everyone along the specialty care continuum, including clinics, patients, specialty pharmacies, insurance companies and patient support programs (PSPs).

"We found that physicians were often struggling to keep track of new speciality medications, as well as all the touch points within PSPs," says Julie Tremblay-Roy, Director of Growth at the Ottawa-based company.

## INNOVATION SPOTLIGHT

The platform replaces entire processes built on paper and fax machines. Gone are the “piles of forms” that take time away from patient care. Equally impactful is the capability for updates and interactions in real time. For example, a physician will be alerted when their patient’s first infusion is scheduled, or a patient will know when reimbursement has kicked in for their specialty



**Julie Tremblay-Roy**  
AUXITA



**Shelley Burnett**  
AUXITA

medication. And healthcare providers in all settings (physicians’ offices, PSP teams and specialty pharmacies) can use the system to communicate with each other.

Auxita Executive Vice-President Shelley Burnett says the siloed approach to specialty care often means that those in the patient’s circle of care—whether it be pharmacies, PSPs or infusion clinics—don’t have easy access to all the information needed to optimally serve their patients. “Because we connect all these different stakeholders...it is no longer the patient who is expected to close that information gap.”

The resulting digitized workflow also enables specialty pharmacies to become a more efficient bridge between physicians and PSPs, says Burnett. “So, if a physician wants to work with a specialty pharmacy as their single point of contact, the PSP still receives the information they need to support the patient.”

As the specialty market continues to rapidly expand and evolve, more traditional community pharmacies are equipping themselves to do more in the specialty space. Tremblay-Roy says there is still much work to be done to integrate community pharmacies and create a system that seamlessly connects all stakeholders—and digitized processes are key to help pave the way.

In securing the flow of information between stakeholders, Burnett emphasizes the mission is to equitably improve efficiencies across the board. No single stakeholder benefits at the expense of another. “You always need to make sure the right groups of people have the right information when they need it because at the end of the day, it’s all about patient care,” she says.

### Tools to become health hubs

The most common reason why pharmacies hesitate to adopt digital tools for clinical services? Probably the

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fear of change. “Many hesitate to move off of a workflow they’re familiar with and they know works,” observes Nick Hui, co-founder and Chief Product Officer of MedMe Health.

Yet after five years developing and delivering a wide range of digital tools, he can confidently state that pharmacy teams are not only happy they took the leap, they’re also eager to keep going. And a good thing too, as patients increasingly expect digital aids to help simplify all aspects of their lives.

“We’ve seen firsthand how pharmacies that fully embrace technology are far ahead of those that haven’t. And with AI removing barriers, even the least digitally savvy patients can navigate these tools,” says Hui.

To meet the expectations of both patients and pharmacists, MedMe Health has come a long way since launching in 2020 as an online platform to schedule appointments for vaccinations and virtual care. Today, MedMe’s clinical services platform brings the company “much closer to fulfilling its founding mission to help community pharmacies become community healthcare hubs,” says Hui.



**Nicholas Hui**  
MEDME HEALTH

Using a minor-ailment assessment as an example, the patient can go to the pharmacy’s website or scan a QR code, book an appointment, confirm their eligibility and answer questions for pharmacists to review ahead of time. A consult that would have taken 20 to 30 minutes including paperwork is done in half the time using MedMe’s platform, without compromising on quality of care, says

Hui. The time savings are even greater for more complex services such as medication reviews and chronic disease management.

The resulting efficiencies are increasingly important to help alleviate workforce challenges, including burn-out. “There are huge staffing shortages, and the best thing technology can do is help pharmacies perform clinical functions without having to hire additional headcount,” says Hui.

AI makes it all possible and drives the continuing evolution of patient- and clinician-facing tools. For example, MedMe’s AI Clinical Assistant listens to consultations and completes documentation in real time, freeing pharmacists to focus on patient care. By the

UPDATED IN FEBRUARY 2025!



## Ins and Outs of Pharmacy Services

The Pharmacy Services and Remuneration guide uses easy-to-read charts to detail all pharmacy services in all provinces and territories, including professional fees.

It’s updated regularly and available exclusively to members and partners of Neighbourhood Pharmacies.

TO LEARN MORE CONTACT

[info@neighbourhoodpharmacies.ca](mailto:info@neighbourhoodpharmacies.ca)



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# CUE THE SPOTLIGHT!



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end of the year MedMe is aiming to launch its AI Admin Clerk to handle repetitive tasks such as data entry, along with the AI Patient Concierge to manage phone-based appointment bookings and intake, enhancing accessibility across diverse patient populations.

Hui foresees the day, in the not-too-distant future, when pharmacists using AI can be 10 times more efficient and effective than they are now—delivering more proactive, continuous and personalized care to more patients. “The goal is to ensure AI supports a pharmacist without overstepping into their clinical responsibilities,” summarizes Hui.

### Equipped for primary care

As pharmacies become more prevalent as primary care destinations, finding and retaining pharmacy professionals while improving efficiencies is top of mind, notes Greg Harpell, General Manager Pharmacy Solutions at TELUS Health, which offers a suite of technology solutions designed to enhance pharmacy operations and patient care.

For example, TELUS Health continues to invest in enabling central-fill capabilities through its Kroll pharmacy management system (PMS), used by thousands of pharmacies across Canada.

“While not a new concept, with pharmacies trying to free up capacity of their teams to provide patient care



**Greg Harpell**  
TELUS HEALTH



**Linda Lusic**  
TELUS HEALTH

and other services, digital and centralized services continues to be a critical tool in greater pharmacy efficiency,” says Harpell.

TELUS Health’s partnership with Vigilance Santé has also led to the development of a minor-ailments module within the Kroll PMS to streamline the assessment and prescribing process, which he expects will evolve as pharmacists take on more in this space.

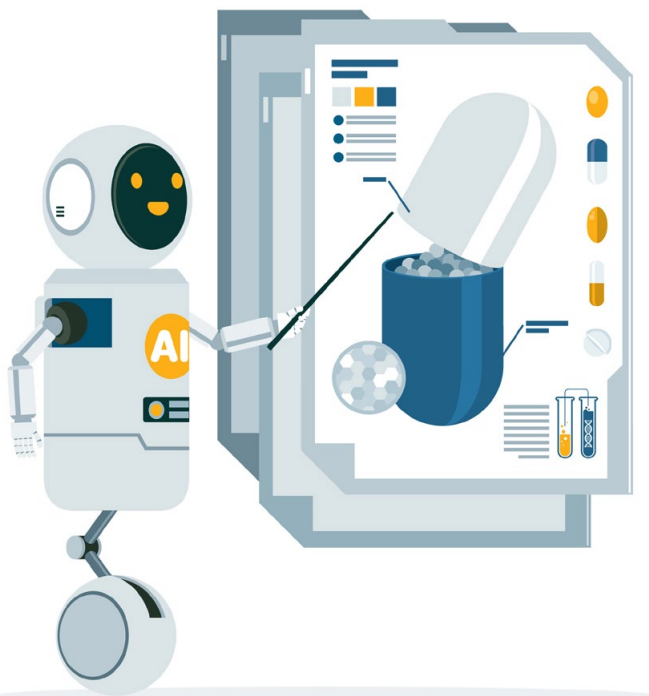
“The clinical nature of pharmacists’ role will keep expanding and the technology that enables that role will have to evolve with it,” says Harpell. “It’s really about enabling professionals to practice to their fullest potential and scope of practice and there is a lot of administrative burden we can address through technology so pharmacists can be in front of their

patients more.”

While aligning technologies to differing regulatory requirements across the country continues to be a challenge for technology providers, the good news is that pharmacists (especially newer graduates) are more than ready to embrace the digital age in practice. In fact, TELUS Health solutions are already used in several faculties of pharmacy in Canada, says Linda Lusic, Director of Sales at TELUS Health. “When these students get into the workforce, they’re familiar with our solutions and others, which sets them up for success in the profession.”

In the meantime, Harpell says TELUS Health continues to work behind the scenes to make its solutions even faster and more reliable. “We’re also open to partnerships with other innovation vendors to expand our offerings and set the table for the future,” he says.

That includes equipping pharmacists with the necessary tools to work more efficiently with physicians and payors and take on increasingly complex patients, including those who require specialty medications. “It’s about making sure we’re using technology to streamline workflows so it’s more efficient for the end customers, the patients, as well as for the pharmacies fulfilling the service,” says Harpell. 🌈



*Rosalind Stefanac is a freelance writer, specializing in community pharmacy and Canadian healthcare issues for more than 25 years.*

# Two proven models to optimize techs



**Pharmacy technicians have been licenced health professionals since 2010.** Yet in many pharmacies, techs spend most of their time checking blister packs. Perhaps they administer the occasional injection. Is that the best use of their time and skills? The answer is a resounding “No.”

Multiple surveys show healthcare professionals are happier when working to full scope and applying their skills and knowledge to contribute to the health outcomes of patients. It is time to fully integrate pharmacy technicians into the workflow to benefit both the pharmacy team and patients.

Two workflow models allow for both pharmacists and technicians to practice to full scope. To be successful, these models require professional collaboration, respect and personal confidence. Both models also work best when more than one pharmacist is on duty. One pharmacist handles prescription intake while the other primarily provides clinical services, usually by appointment (e.g., for minor-ailment assessments, etc.).

## Pharmacist at intake

In this workflow model, the pharmacist is positioned at a computer within a private or semi-private area and is the first point of contact for the patient, receiving their new or refill prescriptions. For refills, a discussion can happen immediately regarding any concerns they have, for example regarding side effects and adherence. For new prescriptions, the pharmacist can assess and counsel, and if there is a need to collaborate with the prescriber it will happen prior to the preparation of the medication.

The pharmacist or pharmacy assistant then enters the prescription into the pharmacy management system (PMS) and the pharmacist conducts the clinical review.

The pharmacist is also the first to review refill requests already queued in the PMS, i.e., that have been phoned-in or made online.

The prescription then moves to the dispensing team. Pharmacy technicians and assistants oversee and

complete packaging, technical verification and dispensing to the patient. There is no pharmacist involvement.

## Technician-led dispensary

Pharmacists work from offices and the dispensing team, made up of technicians and assistants, is the first point of contact for patients, entering all new and refill prescriptions. The dispensing team is also the first to check online and phoned-in refills already queued in the PMS.

The pharmacist then clinically reviews all prescriptions and flags any refills that require intervention at the time of pick-up. The dispensing team packages the prescription, which is technically reviewed by a technician. The team also ensures that patients with flagged refill prescriptions or new prescriptions meet with the pharmacist for counselling.

The dispensing team answers all phone calls, whereas the pharmacist may take calls in the pharmacist-at-intake model (when two pharmacists are on duty).

In both models, the dispensing team is responsible for blister packaging, compounding, inventory and administrative tasks, which include resolving third-party billing issues and prior authorizations. Drug shortages and expiries are also the technician’s responsibility.

Both these workflow models work well to allow pharmacists and pharmacy technicians to exercise professional autonomy, practice to full scope and provide excellent patient care. Let’s not delay implementation any longer. 🌈



*Sheena Deane is President of the Canadian Association of Pharmacy Technicians, Past-President of the Canadian Council on Continuing Education in Pharmacy, and Operations Manager at Kristen’s Pharmacy in Southampton, Ontario.*



# Healthy business, healthy patients

**Many of us in the pharmacy sector constantly straddle a line in the sand between the profession and the business of pharmacy.**

Pharmacists have proven their worth in the healthcare system by helping provide critical services such as vaccinations, point-of-care testing and ongoing disease management. But we need sustainable business models so we can best serve our patients in the long term. On top of that, our business models must constantly evolve to accommodate novel therapies that require new processes and professional services.

Pharmacy business owners face unique challenges that threaten sustainability. I spent more than 20 years of my career addressing systemic operational challenges experienced by a large pharmacy corporation in the retail environment. Now with Bayshore, which operates a wholesale operation and national specialty pharmacy chain, different hurdles must be overcome. Whether it is the Patented Medicine Prices Review Board and price deflation or national pharmacare and cuts in government funding, the reality is that our business faces ongoing sustainability challenges that impact our ability to provide care to those who need it most.

Neighbourhood Pharmacies enables us to collectively tackle these challenges.

Neighbourhood Pharmacies is the only organization in Canada representing the business of pharmacy. In its new strategic plan, the Association commits to

putting more resources into key areas such as remuneration for services and the removal of regulatory barriers. The over-arching goal: the integration of a thriving pharmacy sector into the healthcare system, driving innovation and enabling optimized patient outcomes.

I look at other countries, especially south of the border, where different associations represent different parts of the profession. This fragmented approach is not only unproductive, but it also causes confusion. Stakeholders are left questioning what's needed and who exactly they need to work with when making critical decisions.

In collectively representing the business needs of pharmacy, Neighbourhood Pharmacies delivers a powerful, unified voice.

The Association also creates opportunities for pharmacy providers that are otherwise competitors to network and share best practices. One example I'm particularly proud of is the annual Specialty Pharmacy Summit, the only event of its kind in the country open to pharmacy operators, manufacturers and frontline practitioners serving the unique needs of patients taking specialty medications.

New therapies and their service models will become increasingly complex. With Neighbourhood Pharmacies as our advocacy body, I'm confident we can help shape a healthcare system that better meets the needs of both patients and pharmacy businesses. 🌈



**Karl Frank**

BOARD MEMBER

*Neighbourhood Pharmacy  
Association of Canada*

EXECUTIVE MANAGING  
DIRECTOR

*Bayshore Specialty Rx*

“The over-arching goal: the integration of a thriving pharmacy sector into the healthcare system, driving innovation and enabling optimized patient outcomes.”



**Neighbourhood  
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The Neighbourhood Pharmacy Association of Canada advocates for the business of community pharmacy and its vital role in sustaining the accessibility, quality and affordability of healthcare for Canadians. Through its Members and Partners, Neighbourhood Pharmacies is driving innovative solutions through advocacy, networking, research and information services.

**The benefits of membership include:**

- Industry-wide representation with governments
- Exclusive business-building networking events
- Real-time industry and regulatory updates
- Informed and independent information-sharing and analysis

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